

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

32321

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>215</u>		PRIMARY REG. DIST. NO. <u>5783</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia (Richwoods Township)</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iberia (Richwoods Township)</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia (Richwoods Township)</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Eldie</u>		a. (First) <u>Lloyd</u>		b. (Middle) <u>Prater</u>		c. (Last)	
4. DATE OF DEATH <u>Sept. 6, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>February 11, 1905</u>		9. AGE (In years last birthday) <u>47</u>		10. MONTHS <u>6</u>		11. DAYS <u>26</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Mo.</u>	
13a. FATHER'S NAME <u>Horatio R. Prater</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Jane Dodd</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Ellen Prater</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>498-18-1840</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Prater</u>		18. ADDRESS <u>Iberia, Mo.</u>		19. CAUSE OF DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>self inflicted gun shot</u> b. <u>Wound by 12 gauge gun</u> c. <u>Immediate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richwoods Miller Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 6, 1952 11:30 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>		22. I hereby certify that I attended the deceased from <u>Sept. 6, 1952</u> , to <u>Sept. 6, 1952</u> , that I last saw the deceased alive on <u>Sept. 6, 1952</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>Walter P. Hedger, M.D.</u>	
23a. BIRTHAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/9/52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Iberia (Rural) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 9-1952</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>		ADDRESS <u>Iberia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 18 1952
MILLER COUNTY HEALTH
DEPARTMENT

MAR 7
1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Walter H. Hayes

Licensed Embalmer No. *4265*

P. O. Address *Shenandoah, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.